

GENERAL CONTRACTORS APPLICATION

____ New ____ Renewal

General Contractor Listing # _____

____ **SOLE PROPRIETOR** ____ **PARTNERSHIP** ____ **CORPORATION** ____ **LLC**

EXACT LEGAL NAME OF CORPORATION, LLC, PARTNERSHIP or SOLE PROPRIETOR'S BUSINESS NAME (DBA)

NAME OF SOLE PROPRIETOR, PARTNER, OR OFFICER OF CORPORATION/LLC

1. _____
MAILING ADDRESS

2. _____
PHYSICAL ADDRESS (REQUIRED IF MAILING ADDRESS IS PO BOX)

1. _____
CITY/STATE/ZIP CODE

2. _____
CITY/STATE/ZIP CODE

BUSINESS NUMBER

FAX NUMBER

HOME NUMBER

EMAIL ADDRESS

List all Officers if Corporation, LLC, or Partnership:

List all employees, partners, and/or officers who will be authorized to secure permits. Remember to include agents/applicants who are authorized to submit permits over the internet, if contractor subscribes to LOGO.

1. _____
SIGNATURE

PRINT NAME

2. _____
SIGNATURE

PRINT NAME

3. _____
SIGNATURE

PRINT NAME

4. _____
SIGNATURE

PRINT NAME

5. _____
SIGNATURE

PRINT NAME

FOR SOLE PROPRIETORS OR PARTNERSHIPS WITH NO EMPLOYEES, PLEASE READ AND SIGN BELOW:

Please be advised that _____ has/have no employees at this time. If in the future employees are hired, a certificate of insurance reflecting a policy of workman's compensation will be provided.

Signature _____ Date _____

This application must be signed and dated. Signature indicates the information is complete and accurate. Contractors are responsible for maintaining current listing information, in addition to submitting proof of current general liability coverage, workman's compensation coverage if applicable, and surety bond coverage before performing any work in the Consolidated City of Indianapolis.

SIGNATURE OF OFFICER, PARTNER, OR SOLE
PROPRIETOR RESPONSIBLE FOR LISTING

DATE

FOR OFFICE USE ONLY

License #

Processed by

Date

Department of Code Enforcement
1200 Madison Ave
Suite 100
Indianapolis, Indiana 46225
PHONE (317) 327-1291
www.indy.gov/permits